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State of Nebraska
Investigator's Motor Vehicle Accident Report

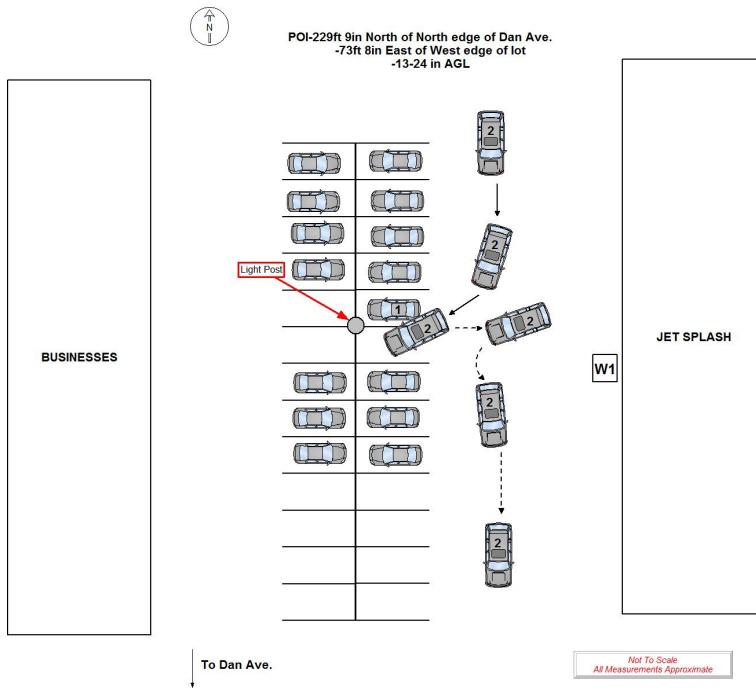
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B6-044141	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		TIME OF ACCIDENT 1335	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1340	05/20/2016		
B	62	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 2720 DAN AVE			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		229.75		X		DAN AVE	
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	06	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	1	DRIVER	PHONE		LOCAL NO.		
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G	2	OWNER	PHONE 4023106331		LOCAL NO. 03-24-64	V1/1 18	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	V1/2	
H	5	LICENSE PLATE PA NO. RRZ834	YEAR 2017	STATE (Of Plate) NE	V1/3		
V1/O	2	VEHICLE 1998	MAKE Honda	MODEL ACCORD	BODY STYLE 2 door Sedan	COLOR black	
V2/O	2	VEHICLE ID NO. (V1/N) 1HGEJ8140WL122126	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1500		INSURANCE COMPANY FARMERS INS		
		TOWED TO	TOWED BY		POLICY NO. 190476597	V1/4 18	
VEHICLE NO. 2							
I	1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	8	DRIVER	PHONE		LOCAL NO.		
V2/P	8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	01	OWNER	PHONE 4026104325		LOCAL NO. 12-17-79	V2/1 18	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	V2/2	
V1/Q	3	LICENSE PLATE PA NO. TSI378	YEAR 2016	STATE (Of Plate) NE	V2/3		
V2/Q	4	VEHICLE 2004	MAKE GMC	MODEL YUKON	BODY STYLE Medium/large	COLOR silver / chrome	
K	01	VEHICLE ID NO. (V1/N) 1GKFK66U04J204593	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000		INSURANCE COMPANY VIKING INS CO OF WI		
		TOWED TO	TOWED BY		POLICY NO. 274617610	V2/4 18	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME				
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044141



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

W1 reports he was on the west side of Jet Splash, cleaning a vehicle, when he observed a silver larger SUV (V2) travelling SB through the lot of 2720 Dan Ave. W1 said V2, driven by a teenage H/M attempted to pull into a parking spot, but cut the corner too sharp and struck the driver's rear corner of the parked V1 with the passenger side of V2. D1 then tried to back up and caused further damage to V1. D1 then backed away, looked at W1, then pulled into another stall. The passenger from V2, a younger child, got out, went into Gamer's for a short time, then exited, and V2 left the lot SB, then WB on Dan Ave., without providing V1 any information regarding the accident. Ofc. attempted to contact the R/O of V2, but was unable to do so at time of report.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME DANIEL W CLAY (07-27-50) JR, 5534 N 26TH PL, LINCOLN, NE 68521	ADDRESS	PHONE 4027709904		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N S E W	ROAD OR HIGHWAY NAME		(Enter numbers for each vehicle)					
1		X	PRIVATE LOT						
2	X		PRIVATE LOT						
1	10	06 Turning left							
2	05	08 Entering traffic lane							
		09 Leaving traffic lane							
		10 Parked							
		11 Slowing or stopped in traffic							
		12 Other							
		13 Unknown							
		00 None							
		09 Top & windows							
		10 Undercarriage							
		11 Total (all areas)							
		12 Other							
		01							
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